Exhibit B

Case 06-10/25-gwz Doc 7888	3-2 Er	ntered 01/07/10 14	:00:35 Pa	iae 2 of 2
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS	
Name of Debtor	Case Number		Schedule/Claim II Amount/Classifica	
USA Commercial Mortgage Company		06-10725-LBR		
			\$12 951 80 Unse	cured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case. A 'request for payment of administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address RONALD M ADDY & PRISCILLA K ADDY PO BOX 9550 BEND OR 97708 9550		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.	
		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		
		differs from the address on the envelope sent to you by the		
Creditor Telephone Number (54) 617-0201		THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	. a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal ınjury/wrongful death	Wages s	salaries, and compensation	(fill out below)	Other claims against service
Services performed Taxes		digits of your SS #		(not for loan balances)
Money loaned Under (describe briefly)	Unpaid c	ompensation for services pe	erformed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	DBTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) y	our claim	·	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)		
UNSECURED PRIORITY CLAIM		Brief description of		П
Check this box if you have an unsecured claim all or part of which is		Real Estate	_	e Other
entitled to priority		Value of Collateral	·	
Amount entitled to pnority \$		Amount of arrearage a secured claim if any		at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	г	Up to \$2 225* of deposits toward		
Wages salaries or commissions (up to \$10 000)* earned within 180 days	اسا	services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable paragraph of 11 U S C § 507(a) () * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter		
		with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED \$		\$		\$
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	(priority) emized statement ((Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the documents are not available explain.	<i>uments,</i> su agreement documents	ch as promissory notes pur s and evidence of perfectio are voluminous attach a su	chase orders in n of lien DO No immary	voices itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	ı, prevailir	ng Pacific time, on Noveml	ber 13, 2006 and	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO		ED JAI, 12 2007
BMC Group Attn USACM Claims Docketing Center	BMC Grou	up CM Claims Docketing Cente		USA CMC
P O Box 911	1330 East	Franklin Avenue		
El Segundo CA 90245 0911 DATE SIGN and print the name and title if any of the		do, CA 90245		1072502236
this claim (attach copy of power of attorn	ov if and		ADOM	
1-10-07 Bonald Minday	ب	PRISCILLA K	dalala	